

# Individual differences in insomnia

Citation for published version (APA):

van de Laar, M. (2017). *Individual differences in insomnia: implications of psychological factors for diagnosis and treatment*. [Doctoral Thesis, Maastricht University]. Maastricht University.  
<https://doi.org/10.26481/dis.20170503mvdI>

**Document status and date:**

Published: 03/05/2017

**DOI:**

[10.26481/dis.20170503mvdI](https://doi.org/10.26481/dis.20170503mvdI)

**Document Version:**

Publisher's PDF, also known as Version of record

**Please check the document version of this publication:**

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**Valorisation**



## Valorisation

### Relevance

Insomnia is a very prevalent disorder, affecting 9–10% of the general population in the United States (Ancoli-Israel & Roth, 1999). Chronic insomnia has shown to increase the risk for developing a major depressive disorder and it decreases psychological wellbeing and quality of life (Zammit et al., 1999; Idzikowski, 1996). Insomnia is associated with a substantial direct and indirect burden on society. Outpatient visits and medication are examples of the direct negative effects. Lost productivity and accidents are examples of indirect negative consequences on society (Martin, Aikens & Chervin, 2004).

### Target groups

The results of this thesis are relevant for patients with insomnia, (general) physicians, specialized sleep physicians and psychiatrists. Our results stress that general physicians and psychiatrists should be aware of the negative effect of insomnia in patients with psychiatric disorders and should advice separate and parallel treatment for insomnia in these patients. For sleep physicians and other experts in the field of sleep medicine this thesis indicates that there should be attention towards clear psychodiagnostics and parallel treatment for patients with comorbid psychiatric disorders. Sleep therapists can assess coping strategies in patients with insomnia and provide more tailored treatment based on this assessment.

### Activities and innovation

The results of this thesis contributed to improvement of insomnia care in several ways.

### *Literature review*

The literature review in Chapter 2 contributes to an understanding of the fact that chronic insomnia is a very broad diagnostic category. It highlights the importance of clear psychodiagnostics in evaluation and treatment of insomnia.

### *Group differences in subjective sleep variables*

Chapter 3 shows that the differences in sleep variables found between groups with and without psychiatric comorbidity might guide a more tailored treatment of insomnia. Our results indicate that a stronger focus on certain treatment strategies might enhance treatment effects in patients with and without psychiatric comorbidity. Thus, psychodiagnostic procedures can be helpful not only in understanding the etiology of insomnia in the individual patient, but also in guiding specific insomnia treatment procedures.

### *Enhancing general quality of life in specific insomnia subgroups*

Chapter 4 gives insight in the correlates of general quality of life in patients with and without psychiatric comorbidity. It highlights the importance of the assessment of fatigue when treating primary insomnia. Results show that insomnia severity has a strong correlation with general quality of life in patients with psychiatric disorders. Therefore insomnia should be treated separately next to the psychiatric disorders. Also, attention should be given to the assessment of social support in patients with insomnia. Enhancing social activity and support might lead to a higher general quality of life.

### *Predicting cognitive behavioral treatment (CBT) effect*

The results shown in chapter 5 contribute to a better understanding of predictors of cognitive behavioral treatment effect. They show that patients with psychiatric comorbidity have less benefit of CBT-I and that expectation management is important in this group. Also, the clinician should pay attention towards the treatment of the comorbid psychiatric disorder. Treating both disorders simultaneously might increase CBT-I effect. An addition of mindfulness-based strategies might enhance treatment effect in patients with an active cognitive coping style.

### *Phenotypes of insomnia*

Chapter 6 shows that three groups of insomnia patients with different clinical features can be distinguished. These features might guide more tailored assessment and treatment. Factors such as age, psychiatric comorbidity and sleep variables have shown to be important distinguishing variables. Especially in younger patients, the need for psychodiagnostic procedures next to a sleep-related diagnostic approach is stressed.

### *Implementation*

Summarized this thesis provides more insight in the specific differences between insomnia subgroups and helps the clinician to choose and implement more tailored treatment strategies. It also broadens the scope of treatment by highlighting factors that have not yet been implemented in standard CBT-I. For example, social activation might be more important in patients with insomnia than previously thought. Exploring the social environment of the patient and specifically targeting the passive behavior that is often seen in patients with chronic insomnia might enhance treatment effect. An assessment of coping strategies and the addition of mindfulness-based strategies to regular CBT-I is another example of a possibility to increase treatment effect, especially in patients who show a very active coping style.

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